



# FEATURE

ARC SER

*A monthly features service about science, technology, and development*

APPROX. 850 words

IDRC-F169e

## INDIA MAPS NEW HEALTH STRATEGY

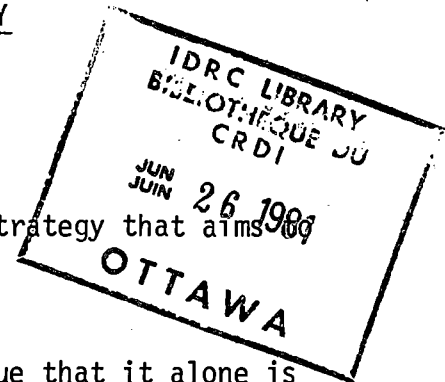
by Rita Mukherjee

What role can doctors play in a health strategy that aims to bring health to all in a developing country?

The medical profession will probably argue that it alone is capable of treating sickness and must, therefore, play the central role. But, according to a report prepared at the request of the Indian Councils of Medical and Social Science Research, the people themselves will have to play the central role. This "alternative health strategy" alone can bring health for all.

The report claims that existing health services are overdependent on hospitals, medicines, and city-trained doctors who are unwilling to work in villages. The manner in which health services are organised today, means that it is the people who have to be brought to the health services instead of the health services being brought to the people. More than half the total sickness in society could easily be treated within the family, by the family members themselves acting either individually or in concert with other members of the community.

The report is certain to be seen by the medical profession as 'anti-doctors'. But Professor V. Ramalingaswami, the director-general of the Indian Council of Medical Research and the chairman of the expert group that



prepared this provocative report explains that it would be wrong to interpret the report as anti-doctors. "We are trying to redefine rather than devalue the role of doctors," he says.

He points out that if India's health services are to meet the needs of all the people, a team of various types of health workers -- doctors, nurses, vaccinators, etc. - will have to be trained, and each member of this team will play an equally important role. A large number of health problems -- coughs, colds, aches and pains, scabies, worms, malaria, diarrhoeas, simple injuries -- can safely be treated by community-based health workers. They can also help in early detection of cases of tuberculosis and leprosy and ensure regularity of treatment. "Almost 90 percent of all health functions whether preventive, promotive or even curative, are of a very simple nature," says Dr. N.H. Antia, secretary of the expert group and director of the Foundation for Research in Community Health.

The number of people who need to be referred to specialised health services is relatively few. Doctors should be using their hard-earned skills to treat these medically more difficult cases. "In this way," says Dr. Ramalingaswami, "doctors and community health workers will become equally important within the health services and supportive of each other's role."

As the report itself points out: "The doctors will continue to play an important role in the new health care system. But this will not be overdominating and will be confined more and more to the curative aspects of the referral and specialised services for which they are trained. This will be good, not only for the system, but for the doctors themselves."

"We are advocating a larger development of doctors at the community level" emphasizes Dr. Ramalingaswami. Under the new strategy five doctors with broad medical specialisation would be made available at every community centre.

In fact, Dr. Ramalingaswami claims if most doctors are reluctant to go to villages, it is not entirely because of their urban orientation. "Government doctors are horribly underpaid," he says. "The desire for private practice arises out of genuine economic pressure, but later develops into an urge for money and causes doctors to turn away from people's needs."

It would be a mistake to push doctors into villages against their will. The report claims that the majority of common illness in a village of about 1000 people can be effectively treated at a cost of only Rs.250 (US\$31) per month by a village-level health worker. But if a highly trained doctor were to treat the same patients, he would recover his own high costs, and would probably prescribe expensive medicines worth about Rs.2000 (US\$250).

Improved health care should not be equated with the presence of doctors, says the report. "We feel that the demand from the medical profession as well as the lay public to produce a doctor for each village will only result in a further deterioration of health services while increasing its cost many-fold."

But why should the medical profession, which has always fought for its sole right to prescribe, suddenly agree to give up its power and privilege? "This is a matter of hope and faith," admits Dr. Ramalingaswami. He says that there should be a national debate on the issue.

Prof. Ramalingaswami also argues that community-based health workers, who have worked with the people and have developed a good understanding of community health problems, should have some channel and opportunity for their future development. So those who have shown excellence in their work and can pass the necessary tests should be allowed

to enter medical colleges and study medicine. "This will not only attract health workers with better understanding but also increase interaction between doctors and community workers."

Along with such community-based workers, super-specialists too are required in a poor country," says Dr. Ramalingaswami. "The country must take steps to train specialists in adequate numbers."

-END-

May 1981